

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	T-C		6/22/01
<b>O.I.P.E. CLASSIFIER</b>		61	6/28/01
<b>FORMALITY REVIEW</b>	LM	1081	8/10/01
<b>RESPONSE FORMALITY REVIEW</b>	TC	1127	10/12/01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	3/20/01
Original	3/20/01
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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